

BEST AVAILABLE COPY

1/21/05

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>10-021188</i>	FILING DATE			
						APPLICANT(S)				
CLAIMS										
AS FILED	AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		AS FILED	AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.
1					51					
2					52					
3					53					
4					54					
5					55					
6					56					
7					57					
8					58					
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37					87					
38					88					
39					89					
40					90					
41					91					
42					92					
43					93					
44					94					
45					95					
46					96					
47					97					
48					98					
49					99					
50					100					
TOTAL IND.	3	3	3	3	TOTAL IND.					
TOTAL DEP.	9	9	9	9	TOTAL DEP.					
TOTAL CLAIMS	12	12	12	12	TOTAL CLAIMS					